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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 : (800)432-3622 Fax Number

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| 51 | ursui ibmii lorid | s the following statement in order t | o change its regis | tered | office or re | ne understyned limited liability company gistered agent, or both, in the State of |
|--|------------------------------|---|--|-----------------------------------|---|---|
| - | | me of the Limited Liability Company: | IAD ASTRA IN | FOR. | MATION S | SYSTEMS, L.L.C. |
| 2. | (a) | 6900 W 80TH STREET, SUIT | E 300 | (b) 6900 W 80TH STREET, SUITE 300 | | |
| | | Principal office address of limited lis (Note: MUST BE STREET A | | | N | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | OVERLAND PARK, KS 66204 | 4 | - | OVERLA | AND PARK, KS 66204 |
| | | 5/17/2016 | | | M16000 | 0003947 |
| 3. | | Date of filing/registration in | Florida | 4. | | Document number |
| 5. | (a) | SPENSERV, INC. | | | | |
| | (-) | Registered Agent and Registered Office show | va on the records of the | Florida | Dopt. of State: | |
| | | 201 N FRANKLIN STREET | | | | |
| | | Registered Office Address (MUST BE P. | LORDA STREET AL | DRESS | I) | |
| | | SUITE 2150 | | | | |
| | | TAMPA | , FL | 3360 | 2 | |
| (b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | | 515 East Park Avenue 2nd Fl | | | | |
| | | NEW Registered Office Address: | | | | |
| | | Tallahassee | , FL | 3230 | 1 | ÷ |
| the age | cha ent v s/we arti | vill be identical. Or, in the case of a F re authorized by an affirmative vote of classification or the operating a ure of a member or authorized representative | street address of the Porida limited liab of the members of to agreement of the liab of a member | e registility conhe limited l | stered office empany, it is ated liability isbility comp | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed of types same of signes |
| pr ihi to no | ovisi nere tiflee | i in writing of this change. | | | | city. I further agree to comply with the tifles, and I om familiar with and accept F.S. Or, If this document is being filed the limited liability company has been |
| 3 i | gneto | e of Registered Agent | | | | t Secretary on ate Services, Inc. |

Division of Corporations P.O. Box 6327 Talinhassee, FL 32314 FILING FEE: \$25.00